



OFFICE *of* ADMINISTRATION

AUTHORIZED SIGNATURES GOVERNOR'S OFFICE

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Shimmens	Barb	Statewide	Truman Building, Room 430	Jefferson City, MO	barb.shimmens@oa.mo.gov	573-526-3733
AA/SA	Watson	John	Statewide	Capitol Building, Room 217	Jefferson City, MO	john.watson@mo.gov	573-751-3222

*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT